

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/209,125	12/16/98	435	1643	PHM.70293-US

APPLICANT: JAYASHREE AIYAR, WILMINGTON, DE; LAUDIA A. IANNOTTI, CLAYMONT, DE;  
 EDWARD P. CHRISTIAN, WEST CHESTER, PA; NAOMI J. LOGSDON, NEWARK, DE.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
 VERIFIED

*pen*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
 VERIFIED

*mr*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
 VERIFIED GREAT BRITAIN 9726339.6 12/13/97

*per*

FOREIGN FILING LICENSE GRANTED 02/01/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DE	SHEETS DRAWING 21	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 8
Verified and Acknowledged <i>ups</i> Examiner's Initials _____ Initials _____					

ADDRESS: LIPD DEPT FOC 1 S/E  
 ZENECA INC  
 1800 CONCORD PIKE  
 P O BOX 5437  
 WILMINGTON DE 19850-5437

TITLE: HUMAN BRAIN-DERIVED TISSUE-SPECIFIC POTASSIUM CHANNEL

FILING FEE RECEIVED  \$1,330	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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